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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/069,465
Filing Date	10/29/2001
First Named Inventor	Windass
Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	SYN-125

Total Number of Pages in This Submission **38**

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Return Receipt Postcard	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Colleen Superko, Reg. No. 39,850)
Signature	
Date	03/14/2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage to insure first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date		3/14/02
Typed or printed name	Teresa Carvalho	
Signature	Date	03/14/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**FEE TRANSMITTAL**  
**for FY 2002**

Retent fees are subject to annual revision.

**Complete if Known**

Application Number	10/069,465
Filing Date	10/29/2001
First Named Inventor	Windass
Examiner Name	TBA
Group Art Unit	TBA
Attorney Docket No.	SYN-125

AMOUNT OF PAYMENT	(\$)	0.00
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**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	08-0219
Deposit Account Name	Hale and Dorr LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ **Payment Enclosed:**

☐ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 20** =	X	
Multiple Dependent	- 3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	

\*For number previously paid, if greater, for Reissues, see above

\*Reduced by basic filing fee paid

SUBTOTAL (3) (\$)

**SUBMITTED BY**

Name (Print/Type)	Colleen Superko	Registration No. Attorney, Agent	39.850	Telephone	(617) 526-6564
Date	03.14.2002				

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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## PATENTS

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John David Windass *et al.*  
Serial No.: 10/069,465  
Filing Date: October 29, 2001  
Title: METHODS FOR DETECTING LOW FREQUENCIES OF  
MUTATIONS  
Examiner: Not Yet Assigned  
Group Art Unit: Not Yet Assigned  
Attorney Docket No.: SYN-125

Assistant Commissioner for Patents  
Washington, D.C. 20231

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#### CERTIFICATE UNDER 37 CFR §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
Assistant Commissioner for Patents, Washington, D.C. 20231 on the date set forth below.

March 14, 2002  
Date of Signature and of  
Mail Deposit

\_\_\_\_\_  
Teresa Carvalho

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#### INFORMATION DISCLOSURE STATEMENT WITH STATEMENT UNDER 37 C.F.R. § 1.97(b)(3)

Sir:

Applicants and their legal representatives hereby make of record on the attached PTO Form-1449 the following publications which are known to them and considered warranting disclosure under 37 C.F.R. §1.56. Copies of each of these publications are enclosed.

This Information Disclosure Statement is timely submitted by Applicants before the mailing of a first Office Action on the merits, pursuant to 37 C.F.R. §1.97(b)(3). The publications provided herein were cited as part of the International Search Report issued in connection with this application. The citation of these publications in the International Search Report does not constitute a representation by the International Searching Authority that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any publication herein be construed *per se* as a representation

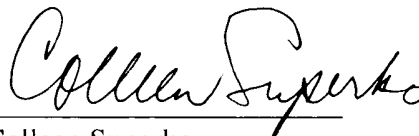
that the cited publication is relevant to the claims of this application. The citation of any publication herein shall not be construed as a representation that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any publication herein be construed *per se* as a representation

that such publication is prior art. Moreover, the Applicants understand that the Examiner will make an independent evaluation of the cited publications.

No fee is believed to be due in connection with the filing of this Information Disclosure Statement. In the event a fee is due, please charge the appropriate fee or credit any overpayment to Deposit Account No. 08-0219.

Respectfully submitted,

Dated: March 14, 2002

A handwritten signature in cursive script, reading "Colleen Superko". The signature is written in black ink and is positioned above a horizontal line.

Colleen Superko  
Registration No. 39,850  
Attorney for Applicants

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